



# Summer Day Camp Registration Packet



## Welcome to the Kidz Klub Summer Day Camp program!

The Kidz Klub program is designed to provide educational, social, and recreational opportunities to the children of the Wisconsin Dells area. This program takes place in the summer once school is out. In the summer of 2016 the program will run from **June 2, 2016 through August 12, 2016**. If school extends due to snow days then we will begin the day following the last day of school. This program is for incoming grades 5K – 6. The program will take place at Lake Delton Elementary School. Please fill out this packet in its entirety before handing it in.

### Parent Meeting

There will be a mandatory Summer Day Camp Parent Meeting on **Thursday, June 2** at 7:30 – 8:00 am or 6:00 – 6:30 pm. You can choose either time to come but you must attend one or the other. The meeting will take place at Lake Delton Elementary School and it will be for all parents who have their child signed up for the Kidz Klub program. Your children can attend this meeting! *If you register for the Kidz Klub program after June 2, you will need to meet one on one with the Recreation Coordinator.*

### Items Provided by Park and Rec

- 1 - Kidz Klub T-Shirt (for field trip days)
- Lunch and Snack Daily
- 1 - Kidz Klub Water Bottle
- Wednesday Field Trips (10 field trips)

### Registration Deadline

You may register at any point throughout the summer for the Summer Day Camp program. However, please register by May 29<sup>th</sup> to secure your spot for the first week in June. Registrations are accepted at any time throughout the program. Please allow one week of lead time to get your child into the program after June 1<sup>st</sup>.

### What NOT to Bring

We ask that children not bring the following

- MP3 Players/iPod/Game Boys
- Toy guns or weapons of any kind
- Money
- Any personal items that you don't want to lose

### Flex Days

We understand that sometimes children are sick or that scheduling mistakes happen. When your child is absent on a scheduled (paid) day you will receive a flex day. Each child will receive up to 3 flexible cancellation days during the Summer Day Camp. These days can be used to receive a household credit (not refund) towards another day in summer.

### Cancellation

If Kidz Klub Summer Day Camp is ever cancelled for any reason, we will email all participants and post it on our website at [www.citywd.org](http://www.citywd.org)

### Withdrawal from Program

If you decide to withdraw your child from the Kidz Klub summer day camp program, please provide the Parks and Recreation department with a minimum of two weeks' notice.

Recreation Coordinator: Abby Schultz	
Parks & Recreation Dept	Phone: 608-254-4818
722 Michigan Ave	Fax: 608-254-7329
Wisconsin Dells, WI 53965	<a href="mailto:reccordinator@dellsparkandrec.com">reccordinator@dellsparkandrec.com</a>

## SMART Expectations

The goal for our program is for everyone to have a safe and enjoyable time! In order to do this successfully, we have established a Discipline Policy and new SMART System, which is followed by all supervisors involved in the program. Here are the SMART System expectations:

- **S** - Safe actions
- **M** - Make good choices
- **A** - Attitude - choose a good one
- **R** - Respect mutually
- **T** - Tolerate, appreciate, and accept others

In order to ensure an enjoyable program for all, every child will be expected to respect one another, the leaders, and all others present at the site. The children need to listen to any adult that is onsite, especially the leaders. There is no hitting, spitting, swearing, or touching of another child in a harmful way. We expect the participants to be accepting and kind to all children, even if they have a disagreement.

## Visual Plan

The SMART System has a visual plan to show these choices. At each site will be a colored "stoplight," with each color having a meaning as listed below:

- **White:** Awesome job! You are having a great day!
- **Green:** Good job! You needed some reminders, but your day is still good!
- **Yellow:** Slow down and think! There have been some problems that we need to discuss.
- **Orange:** Last chance to think SMART! You really need to stop and think to make better choices.
- **Red:** We have a serious problem that needs to be dealt with at a higher level.

Each evening, every child gets a clean slate and begins their color on white. We will use the SMART sheet binder to mark the places.

## Consequences

If a child does not adhere to the rules of the program set forth by the leaders, he/she will receive the following consequences:

- **First Warning** – Letter corresponding to issue by their name in white column
- **Second Warning** - Letter corresponding to issue by their name in green column
- **Third Warning** - Letter corresponding to issue by their name in yellow column
  - The participant must take a timeout to think. He/She must fill out a SMART sheet and discuss their behaviors with a leader. The SMART sheet must be signed, and he/she will go home to be discussed with a parent.
- **Fourth Warning** - Letter corresponding to issue by their name in orange column
  - The participant will receive a call to the parents and the child will lose a privilege.
- **Fifth Warning** - Letter corresponding to issue by their name in red column
  - The participant will have a conversation with the program coordinators and further action will be taken as necessary.

# Dells/Delton Kidz Klub Summer Day Camp Program Registration Form

## Child Information

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ Gender: Male / Female  
Street City Zip

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Ingoing Grade \_\_\_\_\_ Elementary School: Spring Hill / Lake Delton / Neenah Creek

T-Shirt Size *(please circle one)*    Small (6-8)    Medium (10-12)    Large (14-16)  
    Adult Small    Adult Medium    Adult Large

Township: (Please Check)	
<input type="checkbox"/>	Dell Prairie
<input type="checkbox"/>	Dellona
<input type="checkbox"/>	Delton
<input type="checkbox"/>	Lake Delton
<input type="checkbox"/>	Newport
<input type="checkbox"/>	Wisconsin Dells
<input type="checkbox"/>	Other (Please Specify) _____

**Parent/Guardian** – All parents/guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order if any.

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

3. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

**Child Resides With:** Mother / Father / Both / Other \_\_\_\_\_

**Persons Other Than Parents/Guardians Who Are Authorized to Pick Up Child** - if no one, circle "None"

NONE

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_  
Last First Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Cell Phone \_\_\_\_\_

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_  
Last First Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Cell Phone \_\_\_\_\_

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

**Emergency Contact** – List information of person to contact when mother, father or guardian cannot be reached.

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_  
Last First Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Cell Phone \_\_\_\_\_

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_  
Last First Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Cell Phone \_\_\_\_\_

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

**Physician or Medical Facility**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip

Telephone \_\_\_\_\_

**Authorization**

YES NO I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.  
YES NO I have read and understand the policies of the Kidz Klub Summer Day Camp program. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

**Kidz Klub Site Location:** Lake Delton Elementary School

**Cost: \$20/day** due at registration.

\*\*You can pay monthly if you need to. If you pay monthly, payment is due on the first of each month for that month.  
(Example: Payment on June 1<sup>st</sup> is for the month of June)

**Monthly Due Dates:**

June 1<sup>st</sup>

July 1<sup>st</sup>

August 1<sup>st</sup>

**Please Check Which Option you are choosing:**

\_\_\_\_\_ Full Payment

\_\_\_\_\_ Monthly Payment

\$ \_\_\_\_\_ **Total**

**Authorization to Participate**

I give permission for my child to participate in the Wisconsin Dells Kidz Klub program. I assume all risks as hazards incidental to the conduct of this program. I hereby certify that my child is in normal health and capable of safe participation in the City of Wisconsin Dells Kidz Klub program.

**Authorization for Photos**

I give permission for the city of Wisconsin Dells to take photos of my child while participating in City of Wisconsin Dells & Lake Delton Parks and Recreation Department programs. I understand that these pictures may be used for promotional reasons.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**For Office Use Only**

Paid For:

June \_\_\_\_\_

July \_\_\_\_\_

August \_\_\_\_\_

**Please Return Forms To:**

City of Wisconsin Dells Parks and Recreation Department  
722 Michigan Avenue  
Wisconsin Dells, WI 53965

(There is a drop box outside the door to save on postage)

**Wisconsin Dells Parks and Recreation Department  
2016 Kidz Klub Summer Day Camp  
Transportation Permission Slip**

I/we, \_\_\_\_\_, hereby give permission for  
*Parent/Guardian*

\_\_\_\_\_ to be transported from Lake Delton Elementary to the  
*Name of Child*

designated field trip locations for the Kidz Klub Summer Day Camp Program on Wednesdays  
 June 8, 15, 22, 29; July 6, 13, 20, 27; August 3, 10.

\_\_\_\_\_  
 Date Telephone (day & evening)

\_\_\_\_\_  
 Parent/Guardian Signature Print name

\_\_\_\_\_  
 Parent/Guardian Signature Print name

**WAIVER OF LIABILITY**

The undersigned, in consideration of the City of Wisconsin Dells allowing \_\_\_\_\_ hereinafter  
 “my child”) to be transported by the “Riteway” Charter Bus  
*Name of child*

Rental and/or the “Original Wisconsin Ducks” to the various field trip locations. I/we acknowledge that such  
 transportation by bus can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure,  
 personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack  
 of seat belts may exacerbate these injuries and damage.

I/we hereby release the City of Wisconsin Dells, its employees, officials and agents against any loss, damage, or  
 expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the  
 City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in  
 connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the  
 negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on  
 behalf of myself and my child.

DATE \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian signature Parent/Guardian signature

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

City of WDL D Parks and Recreation Department  
 PO Box 655  
 Wisconsin Dells, WI 53965

**City of Wisconsin Dells Kidz Klub**  
**Health History and Emergency Care Plan**  
*Please complete both sides of this form*

**Instructions:** The parent/guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents, guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

<b>CHILD INFORMATION</b>			
Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number		Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)
<b>PARENT / GUARDIAN INFORMATION</b> Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name (Last, First, MI)		Telephone Number – Home	Telephone Number – Work
Name (Last, First, MI)		Telephone Number – Home	Telephone Number – Cell
<b>PHYSICIAN / MEDICAL FACILITY INFORMATION</b>			
Name – Physician		Address – Medical Facility	
<b>Medical Questions</b>		Telephone Number	
Does your child have any food allergies? – Please Specify			
Does your child have any other allergies? – Please Specify			

Check any special medical condition(s) that you child may have.

- No Specific Medical Condition
- Asthma     Diabetes     Epilepsy/seizure disorder     Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy/motor disorder     Emotional/behavior disorder including ADD or ADHD
- Other condition(s) requiring special care – Please Specify

Triggers that you child may have that could cause problems. – Please Specify

Signs or symptoms to watch for. – Please Specify

Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form.

- 1.
- 2.
- 3.

When to call parents regarding symptoms or failure to respond to treatment.

When to consider that the condition requires emergency medical care or reassessment.

Please add any additional information that may be helpful to the childcare provider.

**SIGNATURE** – Parent or Guardian

Date Signed

**Any Review Dates:** \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS INSTRUCTIONS FOR USE

**Use of form:** This form is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

### **CERTIFIED CHILD CARE CENTERS:**

This form is voluntary for certified providers; however, completion of *Page 1 Medication Information and Authorization* and *Page 2 Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on *Page 2 Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

### **LICENSED FAMILY CHILD CARE CENTERS:**

*Page 1 Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

*Page 2 Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

### **LICENSED GROUP CHILD CARE AND DAY CAMPS:**

*Page 1 Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

*Page 2 Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center \_\_\_\_\_

Name – Child \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes  No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication \_\_\_\_\_ Parent Initials \_\_\_\_\_

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

## STUDENT IMMUNIZATION RECORD

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

**PERSONAL DATA**

PLEASE PRINT

<b>Step 1</b> Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ( )	

**IMMUNIZATION HISTORY**

**Step 2** List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

**REQUIREMENTS**

**Step 3** Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**COMPLIANCE DATA**

**Step 4** **STUDENT MEETS ALL REQUIREMENTS**  
 Sign at Step 5 and return this form to school.  
 \_\_\_\_\_ Or \_\_\_\_\_

**STUDENT DOES NOT MEET ALL REQUIREMENTS**  
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

**NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.**

**WAIVERS** (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE - Physician      Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED \_\_\_\_\_

**SIGNATURE**

**Step 5** This form is complete and accurate to the best of my knowledge. Check one: ( I do  I do not  ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

\_\_\_\_\_  
 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student      Date Signed

# June 2016

## After School Sign-Up Calendar

**Name of Child** \_\_\_\_\_

\*\*Place an X in the box for each day your child will be attending the Kidz Klub Summer Day Camp Program. Please fill out one sheet for each child participating in the Kidz Klub Summer Day Camp Program. If you sign up for Wednesdays, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
			June 2 7:15 – 5:30	June 3 7:15 – 5:30
June 6 7:15 – 5:30	June 7 7:15 – 5:30	June 8 7:15 – 5:30  FIELD TRIP DAY	June 9 7:15 – 5:30	June 10 7:15 – 5:30
June 13 7:15 – 5:30	June 14 7:15 – 5:30	June 15 7:15 – 5:30  FIELD TRIP DAY	June 16 7:15 – 5:30	June 17 7:15 – 5:30
June 20 7:15 – 5:30	June 21 7:15 – 5:30	June 22 7:15 – 5:30  FIELD TRIP DAY	June 23 7:15 – 5:30	June 24 7:15 – 5:30
June 27 7:15 – 5:30	June 28 7:15 – 5:30	June 29 7:15 – 5:30  FIELD TRIP DAY	June 30 7:15 – 5:30	

### Total Balance Worksheet

\$20.00 x # Days \_\_\_\_\_ = \_\_\_\_\_

Total = \$ \_\_\_\_\_

# July 2016

## After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*\*Place an X in the box for each day your child will be attending the Kidz Klub Summer Day Camp Program. Please fill out one sheet for each child participating in the Kidz Klub Summer Day Camp Program. If you sign up for Wednesdays, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
				July 1 7:15 – 5:30
July 4 <b>NO KIDZ KLUB</b> Happy 4 <sup>th</sup> of July!	July 5 7:15 – 5:30	July 6 7:15 – 5:30  FIELD TRIP DAY	July 7 7:15 – 5:30	July 8 7:15 – 5:30
July 11 7:15 – 5:30	July 12 7:15 – 5:30	July 13 7:15 – 5:30  FIELD TRIP DAY	July 14 7:15 – 5:30	July 15 7:15 – 5:30
July 18 7:15 – 5:30	July 19 7:15 – 5:30	July 20 7:15 – 5:30  FIELD TRIP DAY	July 21 7:15 – 5:30	July 22 7:15 – 5:30
July 25 7:15 – 5:30	July 26 7:15 – 5:30	July 27 7:15 – 5:30  FIELD TRIP DAY	July 28 7:15 – 5:30	July 29 7:15 – 5:30

### Total Balance Worksheet

\$20.00 x # Days \_\_\_\_\_ = \_\_\_\_\_

Total = \$ \_\_\_\_\_

# August 2016

## After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*\*Place an X in the box for each day your child will be attending the Kidz Klub Summer Day Camp Program. Please fill out one sheet for each child participating in the Kidz Klub Summer Day Camp Program. If you sign up for Wednesdays, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
<b>August 1</b> 7:15 – 5:30	<b>August 2</b> 7:15 – 5:30	<b>August 3</b> 7:15 – 5:30  FIELD TRIP DAY	<b>August 4</b> 7:15 – 5:30	<b>August 5</b> 7:15 – 5:30
<b>August 8</b> 7:15 – 5:30	<b>August 9</b> 7:15 – 5:30	<b>August 10</b> 7:15 – 5:30  FIELD TRIP DAY	<b>August 11</b> 7:15 – 5:30	<b>August 12</b> 7:15 – 5:30

### Total Balance Worksheet

\$20.00 x # Days \_\_\_\_\_ = \_\_\_\_\_

Total = \$ \_\_\_\_\_